

Effective October 1, 2003

09/34752-3

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| INDEPENDENT CLAIMS  | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     |        |

## CLAIMS AS AMENDED - PART II

|             |   |   |       |   |  |
|-------------|---|---|-------|---|--|
| AMENDMENT A |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  |
|             | Total   | 5   | Minus | 20  |  |
|             | Independent   | 3   | Minus | 4   |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |  |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                    | ADDITIONAL<br>FEE |    | RATE                    | ADDITIONAL<br>FEE |
|-------------------------|-------------------|----|-------------------------|-------------------|
| XS 9=                   |                   | OR | XS18=                   |                   |
| X43=                    |                   | OR | X86=                    |                   |
| +145=                   |                   | OR | +290=                   |                   |
| TOTAL<br>ADDITIONAL FEE |                   | OR | TOTAL<br>ADDITIONAL FEE |                   |

|             |   |   |       |   |  |
|-------------|---|---|-------|---|--|
| AMENDMENT B | 11-10-02  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  |
|             | Total   | 5   | Minus | 20  |  |
|             | Independent   | 3   | Minus | 4   |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |  |

| RATE                    | ADDITIONAL<br>FEE |    | RATE                    | ADDITIONAL<br>FEE |
|-------------------------|-------------------|----|-------------------------|-------------------|
| XS 9=                   |                   | OR | XS18=                   |                   |
| X43=                    |                   | OR | X86=                    |                   |
| +145=                   |                   | OR | +290=                   |                   |
| TOTAL<br>ADDITIONAL FEE |                   | OR | TOTAL<br>ADDITIONAL FEE |                   |

|             |   |   |       |   |  |
|-------------|---|---|-------|---|--|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  |
|             | Total   |   | Minus |   |  |
|             | Independent   |   | Minus |   |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |  |

| RATE                    | ADDITIONAL<br>FEE |    | RATE                    | ADDITIONAL<br>FEE |
|-------------------------|-------------------|----|-------------------------|-------------------|
| XS 9=                   |                   | OR | XS18=                   |                   |
| X43=                    |                   | OR | X86=                    |                   |
| +145=                   |                   | OR | +290=                   |                   |
| TOTAL<br>ADDITIONAL FEE |                   | OR | TOTAL<br>ADDITIONAL FEE |                   |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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